

EXHIBIT 8

Name: Hilary Converse | DOB: **10/20/1949** | MRN: MR814530 | PCP: Stephanie Ann Parrillo, PA

Appointment Details

EXHIBIT

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Notes

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Progress Notes

Peter E Schwartz at 9/25/2020 9:30 AM

Re: Hilary Converse (**10/20/1949**)

MRN: MR814530

Provider: Peter E Schwartz, MD

Referring Provider: Parrillo, Stephanie Ann, Pa

2560 Dixwell Ave

Ste 2b

Hamden, CT 06514-1852

Primary Care Provider: Parrillo, Stephanie Ann

Date of service: 9/25/2020

REASON FOR VISIT: Follow-up

Chief Complaint:

Encounter Diagnosis

Name

- Malignant neoplasm of left ovary (HC Code)

Primary?

Yes

INTERIM HISTORY: The patient is a 71-year-old woman who had a telephone appointment with me today for followup of her stage IA clear cell cancer of the left ovary that was diagnosed on September 5, 2007, when the patient underwent a total abdominal hysterectomy, bilateral salpingo-oophorectomy, omentectomy, pelvic and periaortic lymphadenectomies. Postoperatively, the patient received 6 cycles of carboplatin and Taxol. The patient has remained clinically free of disease thereafter. The patient reports today that she is doing well during the COVID pandemic. However, she has been gaining weight. She reports no change in her bowel or urinary habits, but does note that she has irritable bowel syndrome for which she has a loperamide prescription for management of symptoms and she has interstitial cystitis which can cause urinary symptoms. She denies any vaginal spotting or bleeding. She has not had any abdominal bloating. She has no shortness of breath or chest pain. The patient is up to date with mammography. Her last mammogram was on March 4, 2020, and was BI-RADS 1. She also has had an MRI on October 7, 2019. It was BI-RADS 2. The patient's most recent CA-125 was September 20, 2019. It was 6.3 units/mL. The patient is due for a CA-125 determination.

CONVERSE_HILARY_DRPETERSCHWARTZ_00125

PAST HISTORY:**Past Medical History:****Diagnosis**

- Fibromyalgia
- Hernia
- Hernia
- Migraines
- Ovarian cancer (HC Code)
1A s/p chemo
- Shingles

Date

8/9/2013

8/9/2013

01/2007-2008

Past Surgical History:**Procedure**

- ADENOIDECTOMY
- CERVICAL FUSION
- COLONOSCOPY
- HERNIA REPAIR
- HYSTERECTOMY
bilateral oophorectomy
- ovarian cancer

Laterality**Date****Current Outpatient Medications****Medication****Sig****Dispense****Refill**

- ALPRAZolam (XANAX) 0.5 MG tablet
0.5 mg.. 1/2 am, 1/2 noon, 1 at bedtime.
- ascorbic acid, vitamin C, (VITAMIN C) 1000 MG tablet
Take 1,000 mg by mouth daily..
- CYCLOBENZAPRINE HCL (FLEXERIL ORAL)
Take 5 mg by mouth.. 1/2 3 times a day, 2 at bedtime
- diazePAM (VALIUM) 10 MG tablet
Take 10 mg by mouth as needed (Prior to dental visit)..
- ergocalciferol (VITAMIN D2) 50,000 unit capsule
Take 50,000 Units by mouth once a week..
- esomeprazole (NEXIUM) 40 MG capsule
2 (two) times a day.
- FLUZONE HIGH-DOSE 2017-18, PF, injection
TO BE ADMINISTERED BY PHARMACIST FOR IMMUNIZATION
0
- FUROSEMIDE (LASIX ORAL)
Take by mouth.
- glucosamine-chondroitin 500-400 mg Cap
Take by mouth..
- HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet
Take 1 tablet by mouth as needed..
- HYDROXYZINE HCL ORAL
Take 25 mg by mouth Nightly..
- loperamide (IMODIUM) 2 mg capsule
Take 2 mg by mouth 4 (four) times daily as needed for Diarrhea..
- magnesium gluconate (MAGONATE) 27.5 mg (500 mg) tablet
Take 27.5 mg by mouth daily..
- meloxicam (MOBIC) 7.5 MG tablet
15 mg as needed..
- multivitamin capsule
Take 1 capsule by mouth daily..
- nitrofurantoin (MACRODANTIN) 50 MG capsule
Take by mouth..
- POTASSIUM CHLORIDE (KLORCON ORAL)
Take by mouth.
- PROCHLORPERAZINE
Take by mouth as

CONVERSE_HILARY_DRPETERSCHWARTZ_00126

MALEATE (COMPAZINE ORAL)

needed daily.

- propranolol (INDERAL LA) 60 MG 24 hr capsule
- sertraline (ZOLOFT) 100 MG tablet 100 mg daily.
- tizanidine (ZANAFLEX) 2 MG capsule 1 at dinner, 2 at bedtime
- VAGIFEM 10 mcg Tab Twice a week

No current facility-administered medications for this visit.

Allergies

Allergen

- Sulfa (Sulfonamide Antibiotics)
- Lactose Intolerance [Lactase]
- Bacitracin
- Neosporin [Benzalkonium Chloride]
- Other
scallops

Reactions

Hives and Rash
GI Upset
Rash
Rash
Nausea And Vomiting

Social History

Tobacco Use

- Smoking status: Former Smoker
- Quit date: 1/22/1998
- Years since quitting: 22.6
- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: Yes
- Comment: 3 times a week*

Family History

Problem

- Cancer, Non-Melanoma Skin Cancer
- Breast cancer
- Lung cancer
- Pancreatic cancer

Relation

Mother
Mother
Father
Maternal Grandmother

Age of Onset

ROS:

Constitutional: No weight loss, no worsening fatigue

Eyes: No visual problems, no eye discharge, no eye pain

Skin: No rashes, no lesions, no hypo or hyperpigmentation

Ears/Nose/Throat: No nasal discharge, no throat pain, no hearing loss/difficulty, no tinnitus

Gastrointestinal: No nausea, no vomiting, diarrhea or reflux

Chest: No chest pain, no cough, no sputum production

Muscular: No muscle pain, no muscle weakness

Neurological: No dysarthria, No arm or leg weakness, no visual disturbances, no gait disturbances

Genitourinary: No vaginal discharge, bleeding, no urinary frequency, dysuria, no nocturia, no hematuria

Endocrine: No neck swelling, no polydipsia, polyphagia, no polyuria, no galactorrhea

Breast: No masses or discharge; up to date with mammograms

Mental Status: No confusion, no memory loss, no word finding difficulties

Immunology: No enlarged lymph nodes

CONVERSE_HILARY_DRPETERSCHWARTZ_00127

Hematology/Lymph: No syncope, no fatigue, no bone pain

PHYSICAL EXAM:

There were no vitals taken for this visit.

A physical examination was not performed today as this was a telephone appointment.

ASSESSMENT/PLAN: My impression is the patient is doing well. She has no symptoms for recurrent ovarian cancer. We will schedule a CA-125 for her, at Quest Lab in Cheshire, Connecticut. The patient has also requested a Vagifem prescription be either emailed or faxed to Medix, a pharmaceutical company in England, who provides this to her. Their fax number is 866 335-9270, or their email address is info@medixrx.com. The patient uses 10 mcg of Vagifem twice a week. The prescription should have 24 tablets. The patient also had a long discussion with me about her daughter and prophylactic surgery because the patient's family history suggests that the patient's family members are at increased risk for breast and ovarian cancer. She notes that a grandmother had pancreatic cancer. Her mother had premenopausal breast cancer, and of course, she herself has ovarian cancer. I recommended that the patient contact the genetics counselor, as her last BRCA gene mutation determination, which was negative, was performed back 13 years ago, and based on that, any further recommendations for her daughter regarding additional testing or prophylactic surgery can develop. I did give her the name of Dr. Elena Ratner should her daughter require surgery. All the patient's questions were answered. The patient will return in 6 months for routine followup.

Peter E Schwartz, MD, MD

Electronically Signed by Peter E Schwartz, MD, September 25, 2020

TELEPHONE VISIT: For this visit the clinician and patient were present via telephone (audio only).
Patient counseled on available options for visit type; Patient elected telephone visit;
Patient consent given for telephone visit: YES
Patient Identity was confirmed during this call.

Other individuals actively participating in the telephone encounter and their name/relation to the patient: none

Total time spent in medical telephone consultation: 20 minutes

Because this visit was completed over telephone, a hands-on physical exam was not performed.
Patient understands and knows to call back if condition changes.

The visit type for this patient required modifications due to the COVID-19 outbreak.

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Name: Hilary Converse | DOB: 10/08/1949 | MRN: MR814530 | PCP: Stephanie Ann Parrillo, PA

CANCER ANTIGEN 125 - Details

Component Results

Component	Your Value	Standard Range
CA 125 (Q)	Your Value 5 U/mL	Standard Range <35 U/mL

This test was performed using the Beckman Coulter Chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. CA 125 levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.

General Information

Ordered by Jamie Malette, APRN

Collected on 09/29/2020 12:37 PM (Blood)

Resulted on 10/01/2020 7:15 AM

Result Status: Final result

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